

Village of Walton Hills  
Recreation Department  
7595 Walton Hills  
Walton Hills, Ohio 44146  
(440) 786-2964

**REGISTRATION FEES:**  
RESIDENT TEE BALL - \$30.00  
RESIDENT FAMILY – \$175.00  
NON-RESIDENT TEE BALL - \$50.00  
LATE REGISTRATION FEE - \$25.00  
(AFTER 4-1-15)

## T-BALL REGISTRATION FORM

REGISTRATION CLOSING ON APRIL 1, 2015

Boys (circle one) **Age as of 8-1-15**  
T-Ball (4-6 years old)

Girls (circle one) **Age as of 8-1-15**  
T-Ball (4-6 years old)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age today: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City & Zip code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Shirt Sizes (Circle One)

Youth Small (6-8)

Youth Medium (10-12)

Youth Large (14)

Does child have any physical ailments, such as allergies, heart, other?  
If yes please explain if special attention is needed. \_\_\_\_\_

Having been informed of the organization of the Walton Hills Recreation Department to provide supervised youth baseball/softball, I/ We the parents/ Guardians of the above named candidate, do hereby give my/our approval of his/her participation in any and all of the activities during the current season. I /We do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities, and I/We do further hereby release, absolve, indemnify and hold harmless the Village of Walton Hills, the organizers, sponsors, leasers, and the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from activities.

The Village of Walton Hills does provide secondary-emergency insurance. Do you have hospitalization and / or medical insurance? \_\_\_\_\_

I have read and understand the above waiver and release:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Volunteer Coach Registration: Name & Phone: \_\_\_\_\_ Head Coach Assistant

Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ CK Amount \_\_\_\_\_

Res. Fee: \$30.00

Res. Family Fee: \$175.00

Non-Res. Fee: \$50.00